

COMMON APPLICATION FORM FOR RELIANCE SIP INSURE

All Columns marked * are mandatory. Leave one box blank between two words.

1. DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent Code
ARN-97821	

EXISTING UNIT HOLDER INFORMATION

For existing investors please fill in your Folio number, name & proceed to Investment & Payment Details.

FOLIO NO.

2. DEMAT ACCOUNT DETAILS

National Securities Depository Limited	Depository Participant Name	Central Securities Depository Limited	Depository Participant Name
	Depository ID No. <input type="text"/>		Target ID No. <input type="text"/>
	Beneficiary Account No. <input type="text"/>		

I/We authorize RCAM/RMF to obtain information from my DEMAT Account excluding investment details and capture in my Mutual Fund folio.

3. APPLICANT INFORMATION

MODE OF HOLDING	<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Any One or Survivor(s) (Default Joint)
OCCUPATION	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Service
STATUS	<input type="checkbox"/> Resi Individual	<input type="checkbox"/> NRI Repatriable	<input type="checkbox"/> NRI Non-Repatriable

Name of First / Sole applicant ☐ Mr. ☐ Ms.

1st holder PAN ☐ PAN Proof Enclosed ☐ Date of Birth*
 [Are you KYC Compliant Please (✓) Yes ☐ or No ☐]

Name of Second Applicant ☐ Mr. ☐ Ms.

2nd holder PAN ☐ PAN Proof Enclosed ☐ Date of Birth*
 [Are you KYC Compliant Please (✓) Yes ☐ or No ☐]

Name of Third Applicant ☐ Mr. ☐ Ms.

3rd holder PAN ☐ PAN Proof Enclosed ☐ Date of Birth*
 [Are you KYC Compliant Please (✓) Yes ☐ or No ☐]

Mailing Address* / Overseas Address* (Mandatory for NRI / FII Applicant) (Please provide your complete address. P.O. Box alone is not adequate)

Add 1

Add 2

Add 3 City District

State Country PIN*

CONTACT DETAILS OF SOLE/FIRST APPLICANT

Tel. No. STD Code Office Residence Mobile no. (For Receiving SMS Alert)

Email ID For receiving email alerts

4. ☐ I Wish to apply for Transact Online

I have read & understood the Terms & conditions governing Transact online.

☐ I WISH TO APPLY FOR RELIANCE ANY TIME MONEY CARD

Name as you would like to appear on Any Time Money Card (Max. 19 characters)

☐ I/We wish to receive Account Statement/Annual Report/Quarterly Statement via email instead of physical.

Mother's maiden name in full

5. BANK ACCOUNT DETAILS MANDATORY (For Redemption/Dividend/Any Refund Payout)

A/c. Type ☒ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR Account No.

Bank

Branch Branch City

PIN IFSC Code 9 Digit MICR Code*

Received from an application for allotment of Units under Reliance as per details below. ARN-97821

APP No.:

Cheque / DD No. Dated Rs.
drawn on

Signature, Date & Stamp of receiving office

6. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each plan/Option PAYMENT BY CASH IS NOT PERMITTED. for the schemes eligible for SIP Insure)

Scheme	Plan	Option	Net Cheque / DD Amount Rs.	Cheque / DD No. & Date	Bank / Branch

7. SIP ENROLLMENT DETAILS

SIP Date: ☐ 2 ☐ 10 ☐ 18 ☐ 28 Frequency : Monthly (Minimum Tenor 3 Years)

SIP Amount Rs. _____ (Minimum Rs.1000/-) Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____

8. DIRECT CREDIT OF REDEMPTION / DIVIDEND PROCEEDS - IF ANY

RMF will endeavour to provide payment of Dividend / Redemption / Refund (If any) through ECS, NEFT, Cheque, Demand Draft or Direct Credit into investors bank account wherever possible.

9. NOMINATION

Nominee's Name ☐ Mr. ☐ Ms.

Date of Birth*

Name of Parent/ Guardian in case of Minor ☐ Mr. ☐ Ms.

Relation with Minor / Designation

Address of Nominee / Guardian

City (PIN)

Specimen Signature of
Nominee/Minor Nominee's Guardian

10. Declaration of Good Health

Have you ever been treated from any disorder of the heart or circulatory system, chest pain, high blood pressure, stroke, asthma, tuberculosis or other lung disorder, cancer, tumor of any kind, diabetes mellitus, any blood disorder, hepatitis or other liver disorder, genito-urinary or kidney disorder, mental or nervous disorder, musculoskeletal disorders, HIV infection or a positive HIV antibody ("AIDS") test.

☐ Yes ☐ No

Are you undergoing or have been told to undergo any investigations, medical treatment and / or surgery.

☐ Yes ☐ No

Do you participate or intend to participate in any dangerous sports such as motor racing, scuba diving, parachuting, or flying except as a paying passenger on a commercial flight.

☐ Yes ☐ No

"If any or all of the above declarations is ticked YES then life insurance cover shall not be provided."

I also confirm that in the last five years no proposal for life insurance has ever been declined, postponed, withdrawn or accepted at an increased premium. I confirm that I am aware of the terms & conditions of the Insurance Cover under Reliance SIP Insure Facility and understand that each SIP member under this Group Term Life Cover will be allowed a maximum of Rs 10 lacs as life cover. To ensure the same I confirm that the aggregate of life cover facilities availed under all the Mutual fund schemes offered by RCAM under Reliance SIP Insure would not exceed the aforesaid figure. Insurance cover once refused by Reliance Life Insurance Company Limited to any SIP Investor of Reliance SIP Insure will not be accepted for part or full cover in the future. Currently I am in good physical and mental health. I also confirm that I have read this health declaration form and was interpreted to me in full at the time of signing this declaration.

Date of Birth	____/____/____	Signature of the Life Assured	Date: ____/____/____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		Place: _____

If the declaration is negative, please provide details:

11. DECLARATION

I/We would like to invest in Reliance _____ subject to terms of the Offer Document and subsequent amendments thereto. I/We have read the instructions and the Offer Document before filling the Application Form. I/We have understood the details of the scheme and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. Declaration : I have read and understood the Terms and Conditions governing the investment under Reliance _____ Fund of Reliance Mutual Fund and those relating to various services including, but not limited to, ATMs/ Debit Card. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Managements Limited (RCAM) liability. I understand that the RCAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RCAM debit from my folio for the service charges as applicable from time to time. I confirm that I am resident of India. I have read and understood the Terms and Conditions relating to Transact Online (Online Transaction).

I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/ our NRE/FCNR Account.

I _____ (Name of the investor) as the beneficial owner under the Reliance Group Term Plan issued by Reliance Life Insurance Company Limited do hereby nominate Reliance Capital Asset Management Limited, a company formed under the Companies Act, 1956 having corporate office at Express Building, 4th & 6th Floor, 14-'E' - Road, Opp. Churchgate Station, Churchgate, Mumbai 400 020 (Including its assignees, executors and administrator)

I understand that the sum insured (ie the claim proceeds) under the Reliance SIP Insure facility shall be utilized to invest in the same scheme(s) under the same distributor code in which I have invested, in the name of my nominee as per terms and conditions stated in Reliance SIP Insure Facility, as may be amended from time to time except in the case of Reliance Tax Saver (ELSS) Fund where the claim proceeds in a lumpsum in cash will be paid to my nominee.

To enable the same, the cheque representing the claim proceeds is being sent to RCAM (by Reliance Life Insurance Company Ltd) purely for facilitating the settlement of the claim towards securing my outstanding SIP installments as on the date of death, to the exclusion of claims of all my legal heirs, in terms of priority.

Signature Sole / 1st applicant

Signature 2nd applicant

Signature 3rd applicant

ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)

Express Building, 4th Floor, 14 E Road
Churchgate, Mumbai 400 020

Call : 30301111 Toll free: 1800-300-11111

www.reliancecapital.com

RELIANCE Mutual Fund
Anil Dhirubhai Ambani Group

APP No.

AUTO DEBIT/ECS MANDATE FORM

(Auto Debits available for Bank of Baroda/Bank of India/Punjab National Bank/Syndicate Bank/Kotak Mahindra Bank/Citibank NA/Vijaya Bank/Bank of Rajasthan/HDFC Bank/ICICI Bank/AXIS Bank/HSBC/IDBI Bank)

Application to be submitted at least 21 working days before the commencement of SIP

Leave one box blank between two words.

TO BE FILLED IN CAPITAL LETTERS. PLEASE (✓) WHICHEVER IS APPLICABLE

REGISTRATION CUM MANDATE FORM FOR AUTO DEBIT/ECS (Debit clearing)

☐ New SIP Registration - by existing investor

☐ New SIP Registration - by new investor (Also attach the new application form duly filled & signed)

I/We as per the details below hold an account with your branch as per the particulars stated below.

DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent Code
ARN-97821	

APPLICANT DETAILS

Folio No.	
Name of Sole/1st holder	PAN No. <u>M A N D A T O R Y</u> KYC : Yes / No
Name of 2nd holder	PAN No. <u>M A N D A T O R Y</u> KYC : Yes / No
Name of 3rd holder	PAN No. <u>M A N D A T O R Y</u> KYC : Yes / No

SCHEME NAME _____ Option _____ Plan _____ SIP Amount _____

Frequency (Please ✓) ☐ Monthly (default) or ☐ Quarterly SIP Date ☐ 2 ☐ 10 ☐ 18 ☐ 28 Enrollment Period: From: M M Y Y To: M M Y Y

BANK ACCOUNT DETAILS

1st/Sole Accountholder Name as in Bank Records

2nd Accountholder Name as in Bank Records

3rd Accountholder Name as in Bank Records

A/c. Type ✓ ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR Account No. M a n d a t o r y
(Core Banking Account Number)

Bank _____
Branch _____
Address _____
Branch _____
City _____

PIN _____ 9 Digit MICR Code _____ IFSC Code _____

*Mandatory: Please enter the 9 digit number that appears after your cheque number.
MICR code starting and / or ending with 000 are not valid for ECS.

Mandatory Enclosures:

☐ Blank cancelled cheque ☐ Copy of cheque

DECLARATION

I/We wish to inform you that I/we have registered with Reliance Mutual Fund through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/we authorised Service Provider(s) and representative to raise a debit on my/our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through authorised Service Provider(s) and representative to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the authorised Service Provider(s) and representative responsible. If the date of debit to my/our account happens to be a non business day as per the Mutual Fund or a Bank holiday, execution of the SIP will happen on the day of Holiday/next working day and allotment of units will happen as per the Terms and Conditions listed in the Offer Document of the Mutual Fund. The above mentioned Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of this service, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the above mentioned Banks reasonable control and which has the effect of preventing the performance this service by the above mentioned Bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the Bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the Bank and authorised Service Provider(s) and representative, jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and expenses incurred by the Bank and authorised Service Provider(s) and representative, by reason of their acting upon the instructions issued by the above named authorized signatories/beneficiaries. This request for debit mandate is valid and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and acknowledged at your counters and giving reasonable notice to effect such withdrawal.

SIGNATURE/S AS PER RELIANCE MUTUAL FUND (MANDATORY)

Sole/ 1 st applicant/ Guardian Authorised Signatory	
2 nd applicant / Authorised Signatory	
3 rd applicant Authorised Signatory	

SIGNATURE/S AS PER BANK RECORDS (MANDATORY)

Sole/ 1 st account holder/Guardian Authorised Signatory	
2 nd account holder / Authorised Signatory	
3 rd account holder/ Authorised Signatory	

FOR OFFICE USE ONLY (Not to be filled in by Investor)

Recorded on _____	Scheme Code _____
Recorded by _____	Credit Account Number _____
Bank use Mandate Ref. No. _____	Customer Ref. No. _____

